FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
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hours per respon	se 16.00

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	SEC
AmeriBid Opportunity Fund I, LLC	Wail Processing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE Section
Type of Filing: New Filing Amendment .	
	AUG 082008
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Mochizaton, DC
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	101
AmeriBid Opportunity Fund I, LLC	400
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1175 N.E. 125th Street, Suite 102, North Miami, Florida 33161	305/891-1107
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	·
Brief Description of Business	PROCESSED
nues passificated of pasition	1 KOOLOOLD
Acquisition of residential and commercial real properties and loans.	AUG 2 6 2008
Type of Business Organization	,
corporation [limited partnership, already formed [X] other (p	lease specific OMSON REUTERS ny
business trust limited partnership, to be formed	INDIVIDUR REDIERS
Month Year	
Actual or Estimated Date of Incorporation or Organization: 015 018 Actual Estim	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below of, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549,

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

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A. BASIC IDENTI	FICATION DATA	, 5	88
2. Enter the information requested for the following:			
 Each promoter of the issuer, if the issuer has been organized within 	the past five years;		
 Each beneficial owner having the power to vote or dispose, or direct the 	se vote or disposition of,	10% or more of a cla	ss of equity securities of the issuer.
 Each executive officer and director of corporate issuers and of corporate 	orate general and managi	ing partners of partn	ership issuers; and
 Each general and managing partner of partnership issuers. 			
Check Box(cs) that Apply: Promoter Beneficial Owner	Executive Officer [Director 🗷	General and/or Managing Partner
Full Name (Last name first, if individual) AmeriBid Fund Management, LLC		<u> </u>	
Business or Residence Address (Number and Street, City, State, Zip Code) 1175 N.E. 125th Street, Suite 102, North Miami, Florida 331	61		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer [Director [General and/or Managing Parrner
Full Name (Last name first, if individual) Tate, Stanley G.			
Business or Residence Address (Number and Street, City, State, Zip Code) 1175 N.E. 125th Street, Suite 102, North Miami, Florida 33	161		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer [Director	General and/or Managing Partner
Full Name (Last name first, if individual) Latham, Larry W.		<u> </u>	
Business or Residence Address (Number and Street, City, State, Zip Code)		<u> </u>	,
1175 N.E. 125th Street, Suite 102, North Miami, Florida 33	161		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if individual) Fisher, Louis B. III			
Business or Residence Address (Number and Street, City, State, Zip Code)			
1175 N.E. 125th Street, Suite 102, North Miami, Florida 331	61		,
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Dennison, Douglas G.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
1175 N.E. 125th Street, Suite 102, North Miami, Florida 33	161		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer [Director [General and/or Managing Partner
Full Name (Last name first, if individual)			
Moore, Fafie			
Business or Residence Address (Number and Street, City, State, Zip Code)			
1175 N.E. 125th Street, Suite 102, North Miami, Florida 331	61		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Keeney, Robert L. III			
Business or Residence Address (Number and Street, City, State, Zip Code).			
1175 N.E. 125th Street, Suite 102, North Miami, Florida 33	161		

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	Hae the	issuer eald	or daise th	ne isemer le	ntend to e-	ll to non-s	cereditad i	nvestárs is	this offer	ing?		Yes	No 🗷
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											٠.	X
2.												\$ 5,000,000	
												Yés	No
3.												X	
4.	commiss If a perso or states	ion or sim on to be list list the na	ilar remunci ted is an ass	ration for s ociated pe roker or de	colicitation rson or ago caler. If mo	of purchasent of a broker ore than five	ers in confic ter or dealc : (5) persoi	ection with r registered as to be list	sales of sec d with the S ed are asso	curities in t SEC and/or	rectly, any he offering, with a state ons of such		
Ful	l Name (I	ast name i	first, if indi	vidual)									
Bu	siness or I	Residence	Address (N	umber and	Street, Ci	ity, State, 7	(ip Code)		<u> </u>			-	
Nai	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Interids	to Solicit	Purchasers			, , , , , , , , , , , , , , , , , , ,			
	(Check	'All States	" or check	individual	States)	****************	*************	***************************************	***********		**************	□ .AI	States
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Fol	l Name (I	.ast name	first, if indi	vidual)			······································		*				
Bus	siness or	Residence	Address ()	vimper an	d Street, C	ity, State,	Lip Code)	 		· · · · · · · · · · · · · · · · · · ·		···	······
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	(Check	'All States	or check	individual	States)	***************			*************	*************	*************	□ ∧i	l-States
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Bus	siness or	Residence	Address (N	dumber an	d Street, C	lity, State,	Zip Code)						
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	(Check	'All States	or check	individual	States)	****************	************	*************	*************	*************		☐ AI	States
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	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$_239,000,000
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salarics and fees	\$	· 🗀 \$
	Purchase of real estate		x \$ 234,000,000
	Purchase, rental or leasing and installation of machinery and equipment	s	<u> </u>
	Construction or leasing of plant buildings and facilities	s	s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		_
	Working capital		_
	Other (specify): Loan to AmeriBid, LLC	∑ \$ 5,000,000	<u>\$</u>
		s	S
	Column Totals	5,000,000	x \$234,000.000
	Total Payments Listed (column totals added)		39,000,000
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commic information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	ile 505, the following in request of its staff
	meriBid Opportunity Fund, I, LLC	Date August	4,
No	arry W. Latham Title of Signer (Print or Type) Manager. AmeriBid Fund Management, LLC, M Opportunity Fund I, LLC	S lanager of AmeriB	lid

ATTENTION -

	E. STATE SIGNATURE		<u> </u>
1.	Is any party described in 17 CPR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No E
	See Annendix Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) AmeriBid Opportunity Fund, I, LLC	 Signature Date August 4, 2008
Name (Print or Type)	Title (Print or Type) Manager, AmeriBid Fund Management, LLC, Manager of AmeriBid
Larry W. Latham	Opportunity Fund I, LLC

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

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I	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-liem 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-liem 1)	
State	Yes	No	LLC Membership Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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	to non-ac	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	Finvestor and rchased in State (C-Item 2)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	LLC Membership Units	Number of Accredited Investors	Amount.	Númber of Non-Accredited Investors	Amount	Yeś	No	
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1	to non-a	2 to sell accredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		under Sta (if yes, explan waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	LLC Membership Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Ýes	No
WY PR								,	

